Educational Proposal (RFP) Worksheet

Thank you for your interest in developing a proposal for the **2021 ASHP Midyear Clinical Meeting** in **Orlando, December 5–9, 2021.**

* **Your proposal must be submitted no later than 11:59 p.m. (Pacific), Monday, February 1, 2021.**
* Review the [Guidelines for a Strong Educational Proposal](https://content.ashp.org/-/media/assets/meetings-events/docs/mcm21-Guidelines-for-a-Strong-Proposal.ashx?la=en) to see how the Educational Programming Committee will evaluate each proposal.
* To create a dynamic proposal, please consider “[How to Avoid Education Session Pitfalls](https://content.ashp.org/-/media/assets/meetings-events/docs/mcm21-How-to-Avoid-Pitfalls.ashx?la=en)”.

**NOTE:**

* If your proposal is accepted for presentation, **you must be a current full active member of ASHP (non-pharmacists excluded) through the time of the presentation at the meeting.**
* ASHP will not consider submissions by a third-party representative acting on behalf of another.

**Use this form to plan your session.** To submit your proposal, **all information on this form must be entered online site via the submission link at** [www.ashp.org/Meetings-and-Conferences/Get-Involved-in-a-Meeting/Midyear-Clinical-Meeting-and-Exhibition/Call-for-Educational-Session-Proposals](https://www.ashp.org/Meetings-and-Conferences/Get-Involved-in-a-Meeting/Midyear-Clinical-Meeting-and-Exhibition/Call-for-Educational-Session-Proposals)

**Only proposals submitted online via the website will be considered for presentation.**

# Submitter Account Profile

Please fill out the information completely as you would like it to appear in print – no nicknames or abbreviations. Fields with an asterisk (\*) are required.

**Profile And Business Address**

*You must provide the address of your primary position/employer. ASHP will not send you anything in the mail to your business address. The information will be used in meeting publications only.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \*First: | Middle: | | | \*Last: |
| \*Prefix/Salutation (e.g., Mr. Ms. Dr. etc.): | | | | Suffix (e.g., Jr., Sr.): |
| \*Address Line 1 (Company/Organization): | | | | | |
| \*Position/Title | | | | | |
| \*Employer/Organization: | | | | | |
| \*Degrees/Credentials: | | Not applicable | | |
| Address Line 2 (Street Address): | | | | | |
| Address Line 3 (Apt, Suite, Bldg (optional): | | | | | |
| \*City: | | | \*State/Province: | | |
| \*Zip/Postal Code: | | | \*Country: | | |

**Contact Details**

*Consider providing your personal email address to ensure receipt of communications from ASHP. Many health systems use firewalls which may block these communications.*

|  |  |
| --- | --- |
| \*Email: | \*Office Phone: |
| \* Cell Phone: | Fax: |

**Alternate Contact (Optional)**

*If provided, your administrative assistant will be copied on all communications.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** | **Telephone:** | **Email:** | **N/A** |
|  |  |  |  |

**Home Address**

|  |  |
| --- | --- |
| \*Address Line 1: | |
| Address Line 2 (Street Address): | |
| Address Line 3 (Apt, Suite, Bldg (optional)): | |
| \*City: | \*State/Province: |
| \*Zip/Postal Code: | \*Country (if outside U.S.): |

# Create a New Proposal

**Proposal Title (required)**

*A proposal must have a short, specific presentation title (containing no abbreviations) that indicates the nature of the presentation.*

|  |
| --- |
|  |

**General Program Topic Category** (Select ONE)

Select one topic area that best describes your proposal. This helps to match your proposal to the appropriate reviewer.

Administrative Practice/Management/Financial Management/Human Resources

Ambulatory Care

Cardiology/Anticoagulation

Chronic/Managed Care

Clinical Services Management

Clinical Topics/Therapeutics

Complementary Alternative Medicine (Herbals, etc.)

Community Pharmacy

Compounding

Critical Care

Drug Information/Drug Use Evaluation

Emergency Medicine

Emergency Preparedness

Geriatrics

Home Care

Infectious Diseases/HIV

Informatics/Technology/Automation

Investigational Drugs

IV Therapy/Infusion Devices

Leadership Development

Nuclear Pharmacy

Nutrition Support

Oncology/Hematology

Operating Room Pharmacy

Pain Management/Palliative Care

Pediatrics

Pharmacokinetics

Pharmacy Law/Regulatory/Accreditation

Pharmacy Technicians/Competencies/Development/Other

Precepting/Preceptor Skills/Education and Training

Professionalism and Career Development

Psychiatry/Neurology

Safety/Quality

Small and/or Rural Practice

Specialty Pharmacy

Telehealth/Digital Health

Toxicology

Transplant/Immunology

Women’s Health

**Submission Category** (Select ONE)

**Knowledge-based:** Designed primarily for participants to acquire factual knowledge.

**Application-based**: Designed primarily for participants to apply the information learned in the allotted timeframe.

**Tasks: You must complete ALL tasks to submit your proposal.**

# Task 1: Proposal

**Educational Level of Content** (Select ONE)

|  |  |
| --- | --- |
|  | **General interest**: level designation not applicable to this session. |
|  | **Intermediate:** Basic knowledge of the specific content area is suggested but, extensive experience is not necessary. |
|  | **Advanced:** General working knowledge of the specific content area suggested, information will be provided to expand current expertise. |

**Target Audience** (Select ALL that apply)

|  |  |
| --- | --- |
|  | Pharmacist |
|  | Pharmacy Technician |
|  | Nurse |
|  | Nurse Practitioner |
|  | Physician |
|  | Physician Assistant |
|  | Other (please specify): |

**Interprofessional Team Education**

*Interprofessional education (IPE) is education planned by the team, delivered by the team, for the team.*

**Is your planned educational session planned for an interprofessional audience (e.g., physicians or nurses)?** (Maximum 60 words)

|  |
| --- |
|  |

**Describe the practice gap(s) that this session will address below.**

*A practice gap is the difference between* ***actual/current*** *and* ***ideal/desired*** *performance and patient outcomes. What is the problem or gap that you intend to fix through this educational session? The* ***need for this session is validated because there is a practice gap that must be closed in order to attain desired or ideal practice.***

**What is the desired practice?** (Maximum 60 words)

|  |
| --- |
|  |

**What is the current practice?** (Maximum 60 words)

|  |
| --- |
|  |

**Description and Overall Purpose** (Maximum 400 words)

*Brief description, justification, and overall purpose of this educational session that will entice your audience to attend and set realistic expectations of the content:*

|  |
| --- |
|  |

**What supplemental educational materials (*such as outlines, forms, background materials, bibliographies, etc.)* will you provide to be distributed to attendees in addition to copies of your slides?** (Maximum 200 words)

*A good educational session provides the learner with more than just copies of slides. To make your session more valuable to the attendees, what supplemental educational materials (such as practice examples, outlines, forms, background materials, bibliographies, etc.) will you provide to be distributed to attendees (electronically) in addition to your slides.*

|  |
| --- |
|  |

**Briefly describe what attendees will be doing in your session.**

*Preference will be given to proposals where the attendees are actively engaged beyond lecture with polling questions. Case-based and scenario-based formats are preferred. The more interactive and engaging a session, the more likely a proposal may be accepted.* (Maximum 200 words)

|  |
| --- |
|  |

**Briefly describe how you are going to 'wow' your audience:** (Maximum 100 words)

|  |
| --- |
|  |

# Task 2: Needs Assessment Documentation

**\* Needs Assessment Documentation:** (Select at least two from the list below)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Expert Opinion |  | National Guidelines |
|  | Government / Regulatory Requirement |  | New Technology / Methods |
|  | Peer-Reviewed Literature (List 2 citations) |  | Needs Assessment Survey (ASHP or Other) |
|  | Board/Recertification Requirements |  | Other |

**Identify the name of expert, guideline, research, etc**. for your needs assessment choices from above (Maximum 60 words)

**What does the expert, guideline, research or other says that supports the need**. (Maximum 25 words)

# Task 3: Learning Objectives

* Provide learning objectives that are clear, measurable, and achievable.
* You must have at least three learning objectives with corresponding active learning strategies and learning assessment.

*See Example: for an Application-based Session*

|  |  |  |
| --- | --- | --- |
| **Learning Objective:** | **Learning Assessment:** | **Active Learning Strategy:**  (Choice from list) |
| Given a description of a specific patient, develop a medication regimen that reflects application of the best evidence and current guidelines. | Solution to the case study with evidence-based references and current guidelines being applied. | Interactive case study |

**Please Note:** ACPE requires active learning and learning assessment for each session objective. Only proposals with these elements will be considered by the Programming Committee.

Refer to the ***“Session Development Guide”*** for additional details. For more information on active learning visit [www.ashp.org/Meetings-and-Conferences/Get-Involved-in-a-Meeting/Planning-an-Ed-Session](https://www.ashp.org/Meetings-and-Conferences/Get-Involved-in-a-Meeting/Planning-an-Ed-Session)

**Session Development GUIDE**

**The Session Development Guide** will give you information on writing learning objectives, creating instructional strategies, and developing mechanisms to assess learning according to activity type.

# Developing Learning Objectives according to Activity Type

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Knowledge-Based Activity | | Application-Based Activity | | | |
| Designed primarily for participants to acquire factual knowledge. | | Designed primarily for participants to apply the information learned in the allotted timeframe. | | | |
| KNOWLEDGE   * Cite * Define * Describe * Identify * Label * List * Match * Name * Order * Select * State | **COMPREHENSION**   * Describe * Discuss * Estimate * Give example(s) * Identify * Select * Summarize | **APPLICATION**   * Apply * Assign * Change * Choose * Interpret * Modify * Predict * Solve * Use | **ANALYSIS**   * Adjust (as in dose modification) * Analyze * Apply * Calculate * Categorize * Choose * Compare * Contrast * Differentiate * Identify * Interpret * Prioritize * Select | **SYNTHESIS**   * Categorize * Combine * Compose * Construct * Create * Counsel (a patient-Tell) * Design * Develop * Plan * Recommend (Tell) * Summarize | **EVALUTATION**   * Assess * Choose * Compare * Conclude * Contrast * Counsel * Critique * Estimate * Evaluate * Justify * Interpret * Rate * Predict * Select * Summarize * Rank * Rate * Recommend * Validate |
| Learning Objective Examples:  Summarize how to perform effective distribution and non-distribution activities in the operating room.  List ways clinical surveillance systems can provide cost savings.  Describe leadership strategies, tactics, and critical thinking skills needed in complex environments. | | **Learning Objective Examples:**  **Recommend** strategies for solving cases involving how to perform effective distribution and non-distribution activities in the operating room.  Using a set of criteria, **evaluate** ways in which clinical surveillance systems can provide cost savings in your institution.  **Develop** a personal action plan for recognizing and applying leadership strategies, tactics, and critical thinking skills needed in complex environments. | | | |

# Matching Active Learning Strategies to Activity Type

|  |  |  |
| --- | --- | --- |
| **Active Learning Strategies** | **Knowledge-Based Activity** | **Application-Based Activity** |
| Polling questions | **** | **** |
| Games and quizzes to practice recall | **** | **** |
| Demonstration |  | **** |
| Example with practice |  | **** |
| Interactive case study |  | **** |
| Interactive scenario |  | **** |
| Role play |  | **** |
| Simulation |  | **** |
| Think – pair - share | **** | **** |
| Think – write -share | **** | **** |
| Application Exercises |  | **** |
| Practice Exercises |  | **** |

# Assessment of Learning and Assessment Feedback

|  |  |  |
| --- | --- | --- |
|  | **Knowledge-Based Activity** | **Application-Based Activity** |
| **Assessment of Learning** | Must include assessment questions structured to determine the recall of facts based on the learning objectives. Techniques can be informal such as audience response systems, color cards, or the raising of hands. | Must include case studies structured to address application of the principles learned based on the learning objectives. |
| **Assessment of Feedback** | Feedback may include the correct response to questions. For incorrect responses, communicate that a question was answered incorrectly and provide rationale for the correct response. | Feedback may include the correct evaluation of case studies. When responses are incorrect, explain the rationale for the correct responses. |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Learning Objective**  *(minimum 3 required)* | **Learning Assessment** | **Active Learning Strategies**  *Select 1 – from list below* |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

**Active Learning Strategy:** (options to choose from online)

|  |  |
| --- | --- |
| * Polling questions * Games and quizzes to practice recall * Demonstration * Examples with practice * Interactive Case Study * Interactive Scenario | * Role play * Simulation * Think – pair – share * Think – write – share * Application Exercises * Practice Exercises |

# Task 4: Additional Required Information

**\* As a pharmacist or pharmacy technician, I agree to have an active ASHP Membership if my proposal is accepted and continue my membership through delivery of the program at the meeting.** (Required)

I agree  I am not a pharmacist or pharmacy technician

**\* ASHP Member ID**

*If you are not an ASHP member, enter N/A or not applicable*

|  |
| --- |
|  |

**If you are not a pharmacist or pharmacy technician and requesting an exception, please specify:**

|  |
| --- |
|  |

**\* Submitter Planning Experience** (Maximum 400 words)

*Previous experience in planning educational programs is required.*

|  |
| --- |
|  |

**\* Submitter Expertise and Qualification** (Maximum 400 words)

*Describe your expertise and qualifications in the topics(s) you are proposing; submitters generally are subject matter experts in the topic.*

|  |
| --- |
|  |

**\* Proposals submitted with ''Advanced Level of Content'' may be considered for recertification programming.**

If you indicated that your proposal includes ''Advanced Level of Content'', for which of the following specialties is the content most relevant? *Select all that apply*

Board Certified Ambulatory Care Pharmacist (BCACP)

Board Certified Cardiology Pharmacist (BCCP)

Board Certified Critical Care Pharmacist (BCCCP)

Board Certified Geriatric Pharmacist (BCGP)

Board Certified Infectious Diseases Pharmacist (BCIDP)

Board Certified Pediatric Pharmacy Specialist (BCPPS)

Board Certified Pharmacotherapy Specialist (BCPS)

Board Certified Sterile Compounding Pharmacist (BCSCP)

Not applicable (N/A)

**\* Will you be a presenter?**

Yes

No

**\* Submitter’s Attestation**

***I attest that I have submitted this proposal on my own behalf and not as a third-party representative acting on behalf of another. If this educational program is accepted, I agree to serve as the program chair.***

***I Agree***

# Task 5: Length of Session *(Select Only One Choice)*

ACPE credit is given in 15 minutes increments only. Shorter sessions are preferred by meeting attendees. ACPE no longer allows partial attendance, in order to claim CE an attendee must stay for the entire duration; thus, shorter sessions are desirable.

If you selected **Application-Based**, your session must be at least 60 minutes.

30 minutes (maximum of 1 presenter)

45 minutes (maximum of 1 presenter)

1 hour (maximum of 2 presenters)

1 hour 15 minutes (maximum of 2 presenters)

1 hour 30 minutes (maximum of 3 presenters)

|  |  |
| --- | --- |
| Other length? | Session length: |
| Detailed description of interactive session (required to justify length beyond 1 hour 30 minutes)  (maximum 100 words): | |

# Task 6: Session Outline

Prepare a proposed outline of your educational session, include a description and proposed speaker for each topic and include the time allocated to each topic.

Online you will need to follow the instructions to create a table with 4 columns and a minimum of 5 rows to enter your session outline.

|  |  |  |  |
| --- | --- | --- | --- |
| **Topic** | **Description** | **Proposed Speaker** | **Time Allotted** |
| Welcome | Rationale for session/announcements | PC/Moderator | 5 minutes |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Task 7: Proposed Presenters

Add the list of presenters for your proposal.

\***It is understood that the speakers you listed are those you will pursue upon acceptance of this proposal. Do not confirm your speakers at this time.**

Please add **yourself** as the first presenter.

The online system will automatically add the submitter as the first presenter along with his/her information.

**Proposed Presenter 1 (Submitter)**

|  |  |  |
| --- | --- | --- |
| Name: | Degree(s) and/or Credentials(s): | |
| Position title: | Employer: | |
| City: | State/Province: | Country: |
| Mailing Address: *(Include organization if using business address)* | | |
| Phone: | Email: |  |
| Expertise/qualification in the topic(s) you are proposing (Maximum 400 words). | | |

**Proposed Presenter 2**

|  |  |  |
| --- | --- | --- |
| Name: | Degree(s) and/or Credentials(s): | |
| Position title: | Employer: | |
| City: | State/Province: | Country: |
| Mailing Address: *(Include organization if using business address)* | | |
| Phone: | Email: |  |
| Expertise/qualification in the topic(s) you are proposing (Maximum 400 words) | | |

**Proposed Presenter 3**

|  |  |  |
| --- | --- | --- |
| Name: | Degree(s) and/or Credentials(s): | |
| Position title: | Employer: | |
| City: | State/Province: | Country: |
| Mailing Address: *(Include organization if using business address)* | | |
| Phone: | Email: |  |
| Expertise/qualification in the topic(s) you are proposing. (Maximum 400 words) | | |

**Proposed Presenter 4**

|  |  |  |
| --- | --- | --- |
| Name: | Degree(s) and/or Credentials(s): | |
| Position title: | Employer: | |
| City: | State/Province: | Country: |
| Mailing Address: *(Include organization if using business address)* | | |
| Phone: | Email: |  |
| Expertise/qualification in the topic(s) you are proposing (Maximum 400 words) | | |

**Proposed Presenter 5**

|  |  |  |
| --- | --- | --- |
| Name: | Degree(s) and/or Credentials(s): | |
| Position title: | Employer: | |
| City: | State/Province: | Country: |
| Mailing Address: *(Include organization if using business address)* | | |
| Phone: | Email: |  |
| Expertise/qualification in the topic(s) you are proposing (Maximum 400 words) | | |

# Task 8: Financial Relationship Disclosures

**Disclosure and Attestation Policy**

To comply with ACPE’s and ACCME’s Standards for Commercial Support, everyone in a position to control content must disclose financial relationships with ACCME-defined commercial interests\* and all conflicts of interests must be resolved prior to the educational activity.

A conflict of interest arises when an individual has an opportunity to affect content about products or services of an ACCME-defined commercial interest with which he/she has a financial relationship.

*Per ACCME policy, employees of ACCME-defined commercial interests or owners of non-publicly traded (private) commercial interests are significantly restricted regarding the content they may control for ASHP CME and CPE activities.*

**Disclosure**

The existence or non-existence of relevant financial relationships will be disclosed to the audience.

*\*An ACCME-defined commercial interest is any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients. Providers of clinical service directly to patients are not defined as commercial interests, unless the provider of clinical service is owned, or controlled by, a commercial interest.*

Financial relationships are those relationships in which you (or your spouse/ partner) benefits from receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers’ bureau, research funding (where the institution receives the grant and manages the funds and you are the principal or named investigator), ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.

**Step 1:** Do you have a financial relationship with an ACCME-defined commercial interest?

Yes   No

**Step 2:** Employee/Ownership

Are you or your spouse/partner an employee of an ACCME-defined commercial interest? If YES, identify the commercial interest(s) of which you (spouse/partner) are an employee below.  
 Yes  No

* Do you or your spouse/partner have ownership (e.g., personal ownership or ownership of stocks) in a privately-owned ACCME-defined commercial interest? If YES, identify the commercial interest/s of which you (spouse/partner) are an owner or stock owner.

Yes  No

* Do you or your spouse/partner have ownership (e.g., personal ownership of stocks excluding diversified mutual funds) in a publicly traded ACCME-defined commercial interest? If YES, identify the commercial interest/s of which you (spouse/partner) are a stock owner.

Yes  No

* Have you or your spouse/partner had any other financial relationship in any amount within the past 12 months with an ACCME-defined commercial interest?

Yes  No

**Step 3:** If you acknowledged a financial relationship in question 1, provide the name/s of the commercial interest/s by selecting from past financial relationships or clicking on "Add a financial relationship" below.

|  |
| --- |
| **What is the name of the commercial interest?**  *Limit to one on this form. Online you will be able to add other companies.* |
| **Who has the financial relationship?**  You  Spouse/partner |
| What is the nature of the financial relationship *(check all that apply)*  Compensated Advisory, Review, or other Board Member  Consultant  Employee  Contracted Research  Grant Recipient (and you are named as the grantee)  Research Support (and you are named as the principle or lead investigator)  Speakers Bureau  Stockholder/Ownership Interest (excluding diversified mutual funds)  Other Financial or In-Kind Support  (please describe) *Maximum 25 words* |
| I have divested myself (or my spouse/partner has divested himself/herself) of this relationship.  Yes  No  If terminated, date ended: |

**Step 4:** Acknowledgement

I certify the information I have provided is complete to the best of my knowledge and I accept responsibility for the accuracy of the information in the response to the aforementioned questions.

|  |  |
| --- | --- |
| Signature |  |

**Remember:**

* Paper copies will not be accepted. Use the form to plan your session.
* The online submission site will contain all the information, but the order maybe slightly different.
* Use the link for the RFP submission site at [www.ashp.org/Meetings-and-Conferences/Get-Involved-in-a-Meeting/Midyear-Clinical-Meeting-and-Exhibition/Call-for-Educational-Session-Proposals](https://www.ashp.org/Meetings-and-Conferences/Get-Involved-in-a-Meeting/Midyear-Clinical-Meeting-and-Exhibition/Call-for-Educational-Session-Proposals)